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Bib Data Sheet

CONFIRMATION NO. 2249

SERIAL NUMBER 10/688,871	FILING DATE 10/17/2003 RULE	CLASS 347	GROUP ART UNIT 2853	ATTORNEY DOCKET NO. 2002-0615.01
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APPLICANTS

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** CONTINUING DATA *None* No PD

** FOREIGN APPLICATIONS *None* No PD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/30/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 13	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 28
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

Verified and Acknowledged

ADDRESS
21972
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TITLE
Balanced satellite distributions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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